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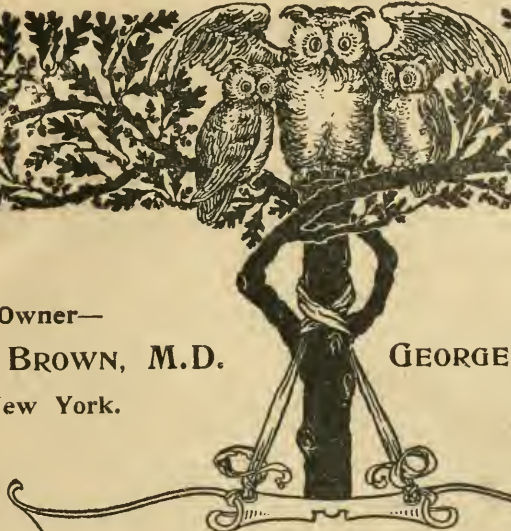
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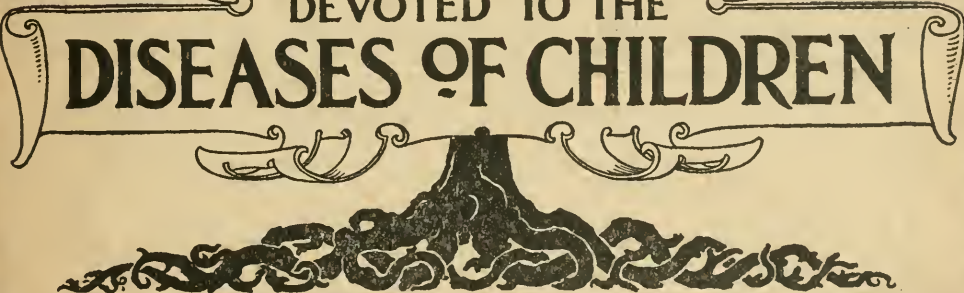
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Report of Eight Cases Treated with Gude's Pepto-Mangan.

See MEDICAL RECORD, June 3, 1893, page 693.

CASE I.—D. G.—, female, aged seventy-eight, entered Bellevue Hospital suffering with pelvic cellulitis, the symptoms of which disappeared at the end of a week. The patient was fairly well nourished, but with an excessively pale, waxy color. Examination of blood showed eight per cent of hemoglobin and 3,000,000 corpuscles to a cubic millimetre. After thirty-four days taking the preparation the amount of hemoglobin had increased to eleven per cent, and the corpuscles to 4,800,000.

CASE II.—E. W.—, aged seventeen, had the most profound anemia after recovering from a severe attack of scarlet fever. Examination of blood showed six and one half per cent hemoglobin, and 2,530,000 corpuscles to a cubic millimetre. After taking the preparation forty days the amount of hemoglobin had increased to ten per cent and the corpuscles to 4,500,000.

CASE III.—A. W.—, female, aged twenty-two, had been excessively anæmic for over a year; complained of headaches, ringing in ears, dizziness, neuralgic pains, no organic lesion. Blood showed seven per cent hemoglobin and 3,500,000 corpuscles to a cubic millimetre; the corpuscles themselves were changed, some being microcytes and polikocytes. After twenty-three days the treatment was stopped, as the hemoglobin was normal in amount and the corpuscles had increased to 5,000,000 to each cubic millimetre. The result in this case was the most pronounced of any.

CASE IV.—Charles M.—, aged twenty-one, subacute pleurisy lasting six weeks, very anæmic; no fever, some loss in flesh. Had taken syr. ferri iodidi for a month, with but slight improvement in general appearance. Hemoglobin eight and one half per cent; corpuscles 3,800,000 to each cubic millimetre. At the end of twenty days, when the treatment was stopped, the hemoglobin had increased one and one half per cent, and the corpuscles to 4,600,000; the fluid in the chest had disappeared.

CASE V.—F. B.—, female, aged twenty-two, was admitted to the hospital suffering from insufficiency of the mitral valve. Presented the pale and anæmic appearance seen in cardiac disease. After the patient had improved so that she was up and about the ward she was put on the pepto-mangan (Gude). The examination of the blood at that time showed eight and one half per cent of hemoglobin and 2,600,000 corpuscles to the cubic millimetre. After taking the preparation twenty-five days the hemoglobin was eleven per cent, and the corpuscles 4,000,000 per cubic millimetre.

CASE VI.—B. M.—, aged twenty-four, suffering from primary anemia and menstrual disturbances. No organic lesion. Hemoglobin ten per cent, corpuscles 3,000,000 per cubic millimetre. After taking the preparation forty-three days the amount of hemoglobin remained at ten per cent, but the corpuscles had increased 1,200,000 per cubic millimetre.

CASE VII.—C. V.—, aged fifteen, presented the ordinary appearances of the anæmic girl at the age of puberty. No organic lesion. Hemoglobin eight per cent, corpuscles 2,800,000. The examination of the blood after taking the pepto-mangan (Gude) forty days showed that the hemoglobin was normal in amount, and that there were 4,000,000 corpuscles to each cubic millimetre of blood.

CASE VIII.—M. M.—, female, aged twenty-four; six weeks after ovariectomy; presented a markedly anæmic appearance. Had shown a slight improvement in color after taking Eisen pills for three weeks. These were stopped, and the iron and manganese preparation given. Examination of blood showed eight per cent hemoglobin, and 3,200,000 corpuscles per cubic millimetre. After forty-eight days the hemoglobin had increased two and a half per cent, and the corpuscles 1,300,000.

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PEDIATRICS

VOL. I.

JANUARY 15th, 1896.

No. 2.

ORIGINAL ARTICLES.

A CASE OF CONGENITAL RICKETS WITH RECOVERY.

From the Service of Dr. William Thurman and Dr. Dillon Brown.

By VICTOR SAFFORD, M. D.,

Late Resident Physician to the Children's City Hospital, New York.

RUNATA CHICGADELLI, born in New York of Italian parents, was admitted to the Children's City Hospital of St. John's Guild, April 6th 1894. She was then four and one-half years old. She has been deformed and sickly since birth and has failed markedly since the mother stopped nursing her. The fact that the mother died in childbirth when the patient was about a year and a-half old, furnished the only clew obtainable as to the length of time nursed.

Her appearance was typically ræchitic, and an examination showed the presence of old fractures of both clavicles and both humeri and marked curvatures in all the long bones. The child was extremely weak, and suffered from bronchitis. She exhibited evidence of neglect, and to all appearances, was near to death. Physically and mentally she would pass for a child three years of age.

The treatment was chiefly in the direction of proper nourishment and the administration of cod liver oil, phosphorus and iron. The site of the fracture of the left humerus gave trouble enough to demand the application of a splint; and a stomatitis required attention for a while.

Improvement was slow till her transfer to the Guild's Seaside Hospital, at Staten Island, early in July, when it proceeded very rapidly. During the entire summer she received the benefit of out-door air, either there or on the Floating Hospital. Since her return to the City Hospital in September, she has also improved steadily, and has recently passed through an attack of pertussis without any impairment of her general health. In

January she first began to walk. She is now intelligent and her mind active, though certainly not up to the average child of her age in this respect.

The father is a vigorous looking Italian, whose fourteen years' residence in this country has been long enough for him

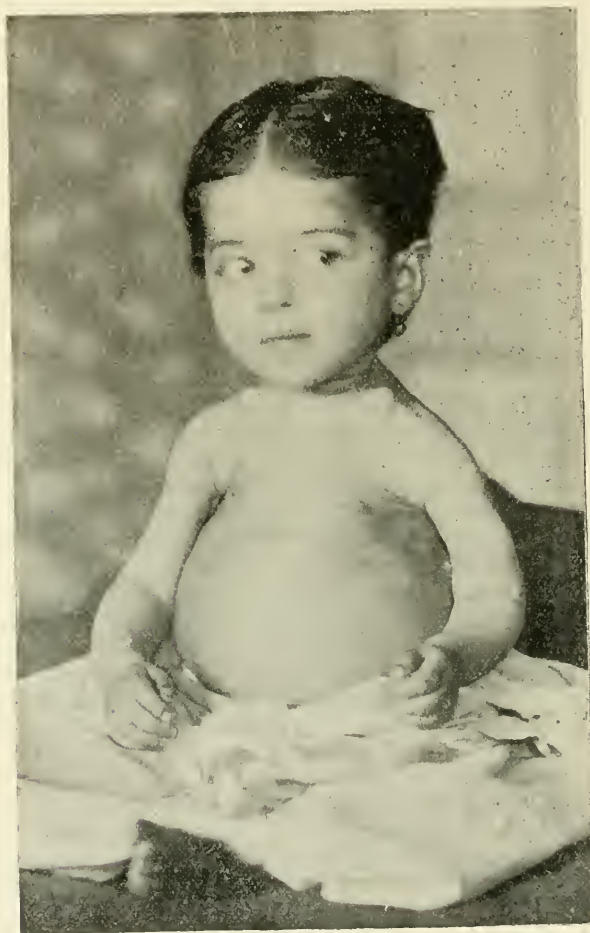


FIG. 1.—FRONT VIEW.—From photograph taken in April, 1894.

to forget much of his Italian, yet not long enough for him to learn English very well. In a mixture of Neapolitan and English, as the one or the other suited his convenience, he gave the family history, which was as follows :

At the birth of the patient the father was thirty-six years old,

and the mother a year younger. Both parents were born about fifty miles from Naples, in a country town where the father worked as a laborer till twenty-seven years old. He and his wife then emigrated to this country, bringing with them a son seven years old, and about twenty dollars. Six years after their arrival a boy was born, and two years later a girl. All three of these are healthy, and have exhibited no signs of rachitis apparent to the father. Yet the deformities of the patient at her birth, two years after the child last mentioned, must have been striking,



FIG. 2.—SIDE VIEW,—From photograph taken in April, 1894.

for as the father put it, the baby was "all out of shape—e molto molle."

The subsequent history of the mother does not seem favorable for the interests of such a child, for within another two years the woman was again confined, delivered of a dead child, and died herself twenty-four hours afterwards. The immediate cause of death was hemorrhage, though there was probably some predisposing condition which questioning could not make

clear. The man states that medical attendance was constant during confinement and till death, and that a consultation was also held. He says, moreover, that his wife was apparently strong and well up to this time—larger and stronger than he.

The family has lived in the thickly-settled tenement house district of New York since the arrival of the parents in this country. For the first six years on Crosby Street, where they occupied two rooms, which received sunshine only after four o'clock in the afternoon. For the last eight years they have lived on Thompson Street, where they had two rooms, into one of which the sun shone from eleven till one o'clock.

Since his arrival the father has worked as a laborer, but says that he has always had money to pay cash for all the family wanted in the way of food, and was worth \$2,500 at the time of his wife's death. Further questioning will, I think, warrant the statement that the diet of the parents was fully up to the standard of their class.

Such a history does not seem to contain any peculiar features. It is the typical family history so often given in a case of acquired rickets among these people. There is no story of extreme poverty, neither could it be shown that the accumulation of their money involved much self-denial on the part of the parents.

The changes involved in the immigration of Italians to this climate and the new environment, must be factors in the production of the rachitic tendency of their children, yet their old habits are largely retained, and through summer and winter no portion of our New York population, either native or foreign, spend so little time in-doors as they—men, women and children. Their diet is a subject about which they often seem sensitive, and are apt to prevaricate. As a result of my opportunities for inquiry and observation, I believe that their food is perhaps increased in quantity, but that it gains little or nothing in quality in their new homes. This alone will account for rachitic tendencies.

It is far more difficult to account for the survival of a child, exhibiting at birth rachitic deformities so evident to the family, on the dietary which was furnished it. For their children do not receive full benefit of the household table, poor as it is. Meat is denied them under an imported idea that it will kill children, and the extent to which these New York Italians are accustomed to supply unwholesome material to their young children is not, I think, generally realized. Hunger is overcome with sweetmeats, macaroni and fruit, the amount of the first increasing in a direct ratio to the family's ability to provide them. On admission to institutions the antipathy which these children, otherwise very tractable, have to proper food is noticeable and is sufficiently pronounced to constitute a national characteristic, while the nature of the articles for which they

clamor tells plainly the story of their previous diet. As was the case with the child here reported, it is often necessary to teach them that milk and broths are to be eaten. Yet they soon



FIG. 3.--From photograph taken in May, 1895.

get to like their new food, their rachitic conditions yield promptly to treatment, and they go on to an apparent cure, frequently only to suffer a relapse after returning to their homes.

The Latest Hygienic Novelty in Paris is the use of porous glass for windows. This is declared to possess all the advantages of the ordinary window framing, and, while light is as freely admitted as through the medium of common glass, the "porous" glass also admits air, the minute holes with which this is intersected being too fine to permit of any draught, while they provide a healthy, continuous ventilation through the apartment.—*Popular Sc. News*, 1895, xxix, 114.

AN INSTRUCTIVE AUTOPSY.

By F. GORDON MORRILL, M.D.,

Visiting Physician, Children's Hospital, Boston.

THIS case is particularly interesting at the present time, when the question of the existence of a mixed form of pneumonia in children may be regarded as definitely settled in the affirmative by thorough bacteriological investigation. All observers, so far as I am aware, while their conclusions differ somewhat in detail, agree that the disease is frequently due to a mixed infection. In this instance not only was a mixed infection present, but the immediate cause and time of *mixing* were made clearly evident by the clinical facts, and corroborated in every respect by the result of a post-mortem examination.

C. S., *et* two and one-half, entered the Children's Hospital with frank pneumonia of the upper portion of right lung early in January, 1895. She contracted diphtheria and was given an injection of antitoxin on the day when a sudden drop in her temperature announced the advent of convalescence from her lung trouble. Three days later the opposite lung was involved and the child died on Jan. 15th. The following are the important points demonstrated at the autopsy by Dr. F. B. Mallory:

Acute lobar pneumonia of the right upper and middle lobes, and two small, secondary abscesses at right apex. Numerous areas of broncho-pneumonia in right lower lobe.

Left upper lobe almost normal; left lower lobe moderately congested, and containing many solidified areas.

The bacteriological diagnosis was made by Dr. J. H. Wright, and is as follows: True diphtheria with streptococcus septicaemia, both the Klebs-Loeffler bacillus and streptococci being found in the lungs.

It would be difficult to imagine a stronger chain of evidence in favor of the occasional presence of "mixed" pneumonia in children.

Faith Healer's Death Certificate for a Diphtheria Victim. Mr. and Mrs. John Bennett's child died recently in Anderson, Ind. Dr. Wolman, a Christian Scientist, had been attending it. He made his death return yesterday. It was "Died from sin and fear."

The authorities made an investigation and found that the child had died of a mild case of diphtheria, which might have been cured with medical attention.

It was also found that the doctor and parents had relied on faith entirely, and the verdict also reads: "Death from criminal neglect." Warrants have been issued for the arrest of both the parents and the doctor.—*N. Y. Polyclinic*, 1895, vi, 352.



ADENOIDS OF THE VAULT OF THE PHARYNX.
(Episcopal Orphans' Asylum, New York.)

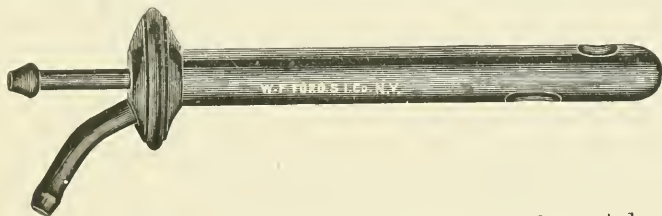
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By ROBERT COLEMAN KEMP, M. D.,

Surgeon to the Church Infirmary and Dispensary, New York.

THE HARD RUBBER IRRIGATOR is a tube 5 inches long, with conical end, shape of a rectal bougie. It is closed throughout except at two points. On the upper surface just posterior to the tip, is an opening for the entering current to pass into the bowel. On the lower surface about half an inch posterior to this is a somewhat larger opening for the passage of the return current. The outer end of the tube is closed by a rubber cap which screws in place. This is perforated by a longitudinal tube, the outer end of which is furnished with a tip for the attachment of the tube of a fountain syringe. The inner end of this longitudinal tube screws into the tip of the main tube (within), and is arranged to conduct the entering current into the bowel through the upper opening. The return current passes through the lower opening through the lower part of the main tube, and down into the bed-pan through a short curved tube which is screwed into the lower part of the cap. This curved tube has an attachment for a soft rubber tube to carry off the outflow. The instrument is so made that the calibre of the return current is greater than that of the entering. The irrigator can readily be taken apart, cleansed and disinfected.

The Soft Rubber Irrigator (stiff), consists of a soft-rubber tube 5 inches long and which firmly grips a tip of hard rubber. This tip is partially hollow and has an opening above, which lies



closely against the upper opening of the soft tube. A longitudinal hard rubber tube passes through the centre of the soft tube and screws into the hollow tip, and through this central tube the entering current passes into the tip and up into the bowel. There is an opening for the return current below, as in the other instrument; but the return current passes out on all sides of the central tube, so even if the sphincter contracts on the soft tube the escape will not be prevented. The outer cap is of hard rubber perforated for the longitudinal tube, and with the curved collecting tube as in the other instrument. This cap

fits firmly against the soft tube. The soft tube can be replaced at trifling expense when worn out.

The Soft Rubber Irrigator (metal core), is similar in construction except that the central conducting tube is of copper. It can be bent to suit the operator.

The Soft Rubber Irrigator (flexible), is made on a similar principle. The outer tube is of soft rubber. The central conducting tube is of linen. This central tube is riveted into a hollow tip and has a lateral opening opposite a similar opening in the tip and outer soft tube. This tip screws into a thread (of hard rubber) at the end of the soft tube. The outer cap is the same as the other instruments, there being a washer, etc., to prevent leakage. To clean this instrument, the tip is unscrewed and the central tube withdrawn with it.

The Rectal Irrigators for Infants are similar in construction. In the stiff instruments, however, copper tubes—or silver or aluminum if desired—are substituted for the central hard rubber tubes, as the latter cannot be made of sufficient calibre in so small an instrument. This irrigator is also made with a linen central tube.

The Long Flexible Double Current Tubes for High Irrigation are made like the short flexible tubes, external tube soft rubber, internal tube of linen. They are twelve inches long for adults and eight inches long for infants. They can be ordered longer if desired. For general use, No. 1 and No. 2 hard rubber rectal and No. 2 soft rubber (stiff) rectal are the best in adults. These were used on the cases reported and fulfill most of the indications. It is possible to give a pretty high irrigation even with these short tubes.

Rectal Irrigators. For use in lower part of rectum semi-oblique (sitting) posture, with the openings just inside the sphincter. For higher up, the dorsal position or hips slightly elevated. The height of the current can be regulated by that of the douche bag and by checking the return current. At commencement of the irrigation the mucous membrane of the bowel will at times stop the openings in the tube, until there is a small amount of fluid in the bowel. Slightly turning the instrument, or pushing it in and then withdrawing it, will free it from this obstruction. In introducing the irrigator it should be well lubricated and inserted gently. To use the short irrigator for higher irrigation I insert it up to the cap. In the *Medical Record*, Dec. 7th, 1895, is a full report of cases. Briefly stated: They consist of (1) chronic cystitis, strictures, nocturnal irritability; (2) chronic colitis; (3) uremia, fecal accumulations in sigmoid flexure, suppression of urine; (4) retention of urine with spasm of neck of bladder; (5) colitis following typhoid fever; (6) ulcerations following Allingham's operation for hemorrhoids; and (7) enlarged prostate, acutely tender and frequent urination.

The use of the irrigator has also been suggested in rectal ulcers, jaundice, pelvic inflammation (post uterine), inflammation of uterus and adnexa, etc., as an adjunct to other methods of treatment.

BARLOW'S DISEASE IN A SEVEN WEEKS OLD BABE.

By ROSA ENGLEMAN, M.D.

Professor of Pediatrics in the Post Graduate School of Chicago.

FURST, in a recent exhaustive article, says: "The first symptoms of Barlow's Disease usually appear in the last third of the first year of life; they have not been observed earlier than the fourth month and later than the thirtieth month."

Although the record of my case is incomplete, and I could not follow it to its termination, I believe it should be published on account of the appearance of this disease in a seven weeks old infant; the earliest accredited case.

August 5th, 1895. The mother, poor, clean and healthy, brought me her seven weeks old son, Henry H., who had been sick about ten days. The father was young, healthy and strong. There was no evidence of syphilis or tuberculosis in either parent. This baby, the youngest of three children, one of whom was suffering with and later died of typhoid fever, was normally delivered. He took the breast well and regularly. There was no stomatitis, nor gingivitis. The stools and urine were normal in color, in amount and in reaction. No signs of rickets were observed. Its temperature per rectum was 103.6° . The mother's milk was not examined. She first noticed pain upon handling the arms, both of which finally became swollen, red and tender. When I first saw the child, the arms were reduced to the normal size, of ashen gray color and peeling in furfuraceous scales. No periosteal thickening could be demonstrated. The face was of an ashen color and had a most anxious expression. There was also ptosis and swelling of the left upper lid. The entire trunk had a bluish-red appearance that disappeared upon pressure. The buttocks were red, brawny and tender. The scrotum red but not swollen. The thighs were not involved. The right leg and foot were swollen to twice their normal size and presented a brawny, glazed, erysipelatous-like surface that pitted upon pressure.

The condition of the left leg and foot was much worse. To the above symptoms were added blueness and hemorrhages. The foot was covered with blebs and pustules and presented a gangrenous appearance.

August 7th, 1895: Splints and dressings wet with boric acid were applied. Liquor Ferri et Quin. Citrat, in Syr. Acid. Citric, was given. Cream, meat juice, lemon water and orange juice were added to the diet.

August 9th, 1895: Temperature 101° F. Right foot and leg entirely well but knee and thigh still slightly involved. Left foot and leg rapidly improving and returning both to normal size and color.

August 12th, 1895: Improvement of extremities continued but neck and both cheeks became red, hot and swollen. Left eye and forehead next were involved. The child now passed out of my observation. Upon my return to the city a month later, I learned that it had been found dead in bed by its mother's side, one morning during the last week in August.

HEMATOMA OF THE LABIUM MAJUS IN A CHILD.

By SAMUEL M. BRICKNER, A. M., M. D.,

New York.

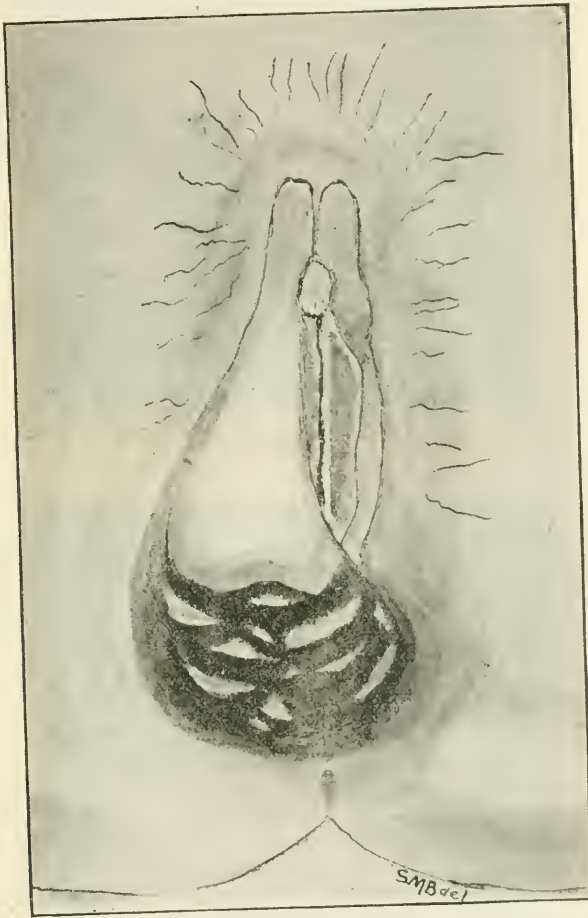
HEMATOMA of the labium majus although not uncommonly seen in parturient women, is rarely witnessed among children. On September 12th, 1895, I was called to see Annie W., a pubescent girl of 14 years of age, who, four days previously, had fallen astride the top of a chair. Immediately after the fall she noticed, in the genital region, a swelling "the size of a fist." Her mother made cold applications and the tumor diminished in size. As it continued very painful and as the child was unable to stand or to walk without considerable suffering, it was decided to send for a physician. I found a well-nourished but anemic girl, with normal temperature and pulse. On the right side of her genitals there was a pear-like tumor of considerable size. It was well-rounded, had a violet discoloration about its inferior portion and was elastic and painful to the touch. The swelling was in the right labium majus; the distention, going as high as the clitoris, obscured the right labium minus. It bulged toward the left at the posterior end of the vaginal outlet hiding the fourchette and the posterior terminations of the left labia.

The diagnosis of hematoma was made and operation was decided upon because: a) of the extreme pain caused by the pressure of the contained clot; b) of the liability of the clot to become infected; c) of the long period of time absorption would require.

With the assistance of Drs. F. S. Mandlebaum and W. H. Luckett, the patient was put under chloroform anesthesia and the tumor was incised at its most inferior portion and about 75 grammes of clotted blood were evacuated. The cavity was irrigated and packed with iodoform gauze. The wound closed by granulation in nine days without rise of temperature and without the presence of any untoward symptoms.

Unless an hematoma is small—as it usually is in puerperal

cases—I advise incision as soon as the diagnosis is established. It removes danger of infection and relieves the pain and discomfort attendant upon the pressure of the clot. Moreover, the time demanded for absorption of the exudate varies from two to six weeks. If the tumor be incised, the patient can walk



about on the third or fourth day. Although the text-books declare incision an unnecessary procedure unless suppuration has already supervened, I consider this condition one deserving surgical interference.

Trusses. It has been discovered that trusses for hernia were known nine hundred years before Christ.—*Pract. Med.*, 1895, vi, 227



DR. BROTHER'S CASE OF MARASMUS.

CASE OF MARASMUS DUE TO TUBERCULOSIS.

By A. BROTHERS, M. D.
New York.

J. L., a female child, 18 months old. Parents were healthy. This baby was born normally and brought up at the breast until the age of 9 months. It was then put on the bottle and from this time it began to ail.

At the time of examination the child presented all the evidences of advanced tuberculosis with complete consolidation of the entire right lung. Several weeks later it died; no autopsy was permitted.

Was this case infected at the time of changing its breast milk for the bottle containing cow's milk?

The photographs show a most advanced stage of marasmus in which the subcutaneous connective tissue had almost entirely disappeared from the body.

PRACTICAL NOTES.

The Treatment of Epistaxis. Gillette says that in epistaxis the use of hydrogen dioxide with any suitable syringe, will be followed by very gratifying results. Use a teaspoonful or more of the remedy, in full strength, and the relief will be immediate. In operations in the nasal cavity, when bleeding obscures the vision, inject the hydrogen dioxide, ask the patient to blow the nose, and the field is clear again.—*Med. Journ.*, 1895, lxii., 695.

Phenazone in Whooping-cough. Dr. J. M. Taylor thinks that Phenazone is of great value in the treatment of pertussis. The average dose to a child is from half a grain to one grain every three hours. Formulæ employed are: *Phenazone*, one-half to one grain; *ammonium chloride*, two and a half to five grains; *syrup of lemon*, one-half fluid drachm and *Water* sufficient to make one fluid drachm: or, *phenazone*, one-half to one grain; *Ammonium bromide*, one to two grains; *ammonium chloride*, five grains and *syrup* sufficient to make one fluid drachm. *Ipecac*, *squill*, *senega* or *tolu* may be added to the above prescriptions.

Meanwhile nutrition must be maintained with great care. This is best achieved with a carefully selected liquid and semi-solid diet. Under such treatment the number of daily and nocturnal paroxysms always decreases.

Dr. McKee does not agree with those who think enormous doses of phenazone may be given safely to children. One patient of two years manifested somnolence, a tendency to syncope attacks, and displayed blue extremities and an eruption upon the back. He was taking one grain of the drug every four hours. *Phila. Polyclinic*, 1895, iv, 501.

Local Anesthetics. In an editorial in the *Dental Headlight* we read: "The careless manner in which this drug (cocain) has been used by the medical profession can be attributed only to ignorance of its deadly character. It has been extolled until the public has come to believe that it is harmless, or nearly so. Almost every journal one reads contains someone's formula for a local anesthetic of which cocain is the basis, with which the originator can rob the operation of extraction entirely of pain, the claim based upon a few trials after a few weeks' use, and without specific directions as to the amount to be used, or making any allowance for differences of age, sex or constitutional susceptibility.

The knowledge of the agent gained by experiments on the lower order of animals at one time it was thought promised to establish it as safe and reliable; but when these experiments were repeated upon the human subject, they resulted frequently in the manifestation of the most alarming symptoms, and occasionally in death. The amount of cocain now used for the extraction of teeth, as compared to a few years past, except that employed by the professional tooth extractor, is almost none.

We must look for applications for the relief of pain among those agents possessing local anesthetic properties of known harmless character. Try the one given below: Do not allow the patient to swallow the mixture, as menthol when swallowed causes nausea.

R Menthol gr. 160.
 Tr. Myrrh m. 80.
 Alcohol ʒ ij.

S. Thoroughly dry the gums and apply freely for a few minutes. Use more freely for a permanent than a deciduous tooth."—*Ohio Dental J.*, 1895, xv, 748.

The Treatment of Ingrowing Nail. Ingrowing nail, or *ongle incarné*, as the French call it, is, as is well known, a very painful affection, and unfortunately the operation necessary for its cure is often dreaded by the patients, although local and general anesthetics are employed to render the avulsion as painless as possible. A very simple method has been frequently employed by a *confrère* with constant success. It consists in painting the offending portion of the nail with a warmed 40 percent. solution of caustic potash. In a few seconds the upper horny layer is rendered so soft that it can be easily removed by a piece of broken glass used as a scraper. The application of the solution and the scraping is continued until nothing but an exceedingly thin portion of the nail remains, which can be easily removed by a small scissors. The patient can now be considered cured, without having lost a drop of blood nor felt any pain.—*Med. Press and Circular*.—*Am. Druggist*, 1895, xxvii, 351

Antipyrin in Diseases of Children. Comby expressed before the French Medical Congress the opinion that antipyrin can be given to children as an antipyretic, an antispasmodic, an analgesic, and to check diarrhea. The drug is well borne by children of all ages and can be given in large doses. Only once in hundreds of cases has he seen a slight fugitive erythema caused by its administration. It has never in his experience caused disorder of the stomach or intestine, vomiting, or any ill effect on the kidney. In children suffering from febrile or spasmodic (chorea) diseases, antipyrin should not be given in fractional but in large doses to produce its full effect. According to the age of the patient 0.25, 0.50, or 1 gramme (4, 7 $\frac{3}{4}$, or 15 $\frac{1}{2}$ grains) should be given at a time; this dose may be repeated two, three, five, and even six times a day. The same doses may be continued for weeks without ill effect. In chorea, antipyrin, as a rule, diminishes the violence and disorderliness of the movements and shortens the duration of the disease. In whooping-cough antipyrin has failed in the author's hands. In painful affections and in infantile hyperesthesia it is unreliable, but Comby admits that his experience on this point is not sufficient to base a final conclusion upon. In fevers antipyrin causes a notable reduction of temperature; it is one of the surest of antipyretics, and may be used without fear. When antipyrin in a sufficient dose does not lower the temperature it is a prognostic sign of ill omen. In the simple diarrhea of nurslings antipyrin is neither so powerful nor so sure in its effect as in febrile or spasmodic affections.—*Universal M. J.*, 1895, ix., 322.

Criminal Anthropology Applied to Pedagogy. Professor Lombroso (*The Monist*, October, 1895) in a lecture delivered before the teachers of Turin, expresses his conviction that the systematic study of the characteristics of school children, physical and mental, would bring about a genuine revolution in the prophylaxis of crime. He points out that the inclinations of the child are almost the same as of the adult rascal, but usually disappear as age advances. In some instances, however, these characteristics are conspicuous, and continue to be more and more prominent, and in these cases there are associated physical peculiarities and it is in the detection and pointing out of these possible criminals of the future that, Lombroso thinks, the teacher can do so much truly useful work.—*Glasgow M. J.* 1895, xlv, 466.

Removal of Blood Stains. The best way to remove blood stains says the *Centralblatt f. Gyn.*, is to soak the towels, etc., in warm water to which a teaspoonful of tartaric acid has been added. No soap is needed.—*Ohio Dental J.*, 1895, xv, 652.

Adenoids. Six cases of fatal hemorrhage are on record following the removal of adenoids from the vault.—*Pract. Med.*, 1895, vi, 237.

EDITORIAL.

RECENT PROGRESS IN GENITO-URINARY DISEASES.

1. Hochsinger, Congenital syphilis and tuberculosis. *Wien. Med. Blatter*, 1894, Nos. 20 and 21.
2. Downie. An account of some cases of acquired syphilis in children, *Lancet*, May 5th, 1894.
3. King. Bright's disease in children, *Medical News*, 1894, No. 16.
4. Kohn. Primary sarcoma of the kidney in a child nine months old, *Berlin. klin. Wochenschr*, 1894, No. 11.
5. Hock. Acute nephritis in a child three months old, which was affected with hereditary syphilis, *Wien. Med. Presse*, 1894, No. 44.
6. Holt. Acute pyelitis in infants. *New York Medical Record*, 1894, July 21st.
7. Felsenthal & Bernhard. On nephritis in affections of the large intestines in children, *Arch. für kinderheilk*, 1894, Bd. 17, 3 and 4.
8. Steffen. Chronic Cysto-pyelo-nephritis, *Jahrbuch, für kinderheilk*, 1894, Bd. 38, p. 384.
9. Buscarlet. Large Perinephritic phlegmon, resulting from traumatism in a child twenty months old, *Revue Med. Suisse romande*, 1894, No. 7.
10. Reckman. Data for a knowledge of cyclic albuminuria. *Jahrb. für kinderheilk*, 1894, Bd. 38, 2 and 3.
11. Eschrich. On cystitis in children, caused by *Bact. coli commune*, *Mittheil. d. Vereins d. Aerzte. in Steiermark*, 1894, No. 5.
12. Brandt. Sarcoma of the kidney in a child thirteen months old, *Norsk. Magaz. f. Lægevid. 4 Rakke, 9 Band*, p. 1, 1894.
13. Schubbye. Data upon sarcoma of the kidney in a child thirteen months old, *Ibidem*, p. 201.
14. Earle & Weaver. A case of sarcoma of the right supra-renal body, causing obstructive jaundice, *Journ. Am. Med. Assoc.* Dec. 29, 1894.
15. Hansemann. Adenomyxosarcoma of the kidneys, *Berl. klin. Wochenschr*, 1894, No. 31, p. 717.
16. Lueck. Five cases of acute nephritis in children treated by pilocarpine, *Therapeutic Gazette*, 15, Nov. 1894.

17. Le Gendre. Albuminuria and nephritis in children, *Semaine Medicale*, Dec. 19, 1894.
18. Carter. Derangement of the kidneys in lithemia of children, *Journ. Am. Med. Assoc.* Nov. 24, 1894.
19. Martin. On the propagation of vulvo-vaginitis in children to the internal genital organs, and on peritonitis following the vulvo-vaginitis of little girls, *These de Paris*
20. Semb. Primary sarcoma of the kidney in a still-born child. *Centralbl. für Gynecol*, Nov. 3, 1894.
21. Steinmetz. Primary tumor of the bladder in children. *Deutsche Zeitschrift für Chirurgie*, 1894, xxxix, 3 and 4.
22. Martin. Congenital hydronephrosis in a child two years old. Operation; cure, *Revue de Chirurgie*, 1894, April 1894.
24. Goerl. Removal of a sarcoma of the right kidney in a child fifteen months old, *Centralbl. krankh. Harn und Sexualorgane*, 1894, No. 10.
23. Sicchi. Infantile gigantism with a tumor in the testicle. *Rivis. Speriment di freniat*, 1894, xxi, 1.
25. Morrelli. Litholapaxy in children. *Rivista clin. e terapeutica*, 1894, 2, p. 61.
26. Roberts. A case of lithotomy in a child affected with extrophy of the bladder which was partially closed and the creation of a urethra from the tissue from the scrotum, *Journ. Am. Med. Assoc.*, Jan. 19, 1895.
27. Garnier. Hereditary unsoundness of mind and acquired syphilis, *Bourgogne Med.* Dec. 1, 1894.
28. Fisher. Acquired syphilis in children, *Lancet*, Feb. 16, 1894.
29. Fuelard. Hereditary syphilis with cranial deformity and osteoperiostitis of the tibia, *Soc. franc. de dermatol*, March 14, 1894.
31. Eudlitz. Syphilis hereditaria tarda, *Ibidem*, Jan. 10, 1894.
30. Eudlitz. Acquired syphilis in early childhood, followed by infantilism, *Ibidem*, Jan. 10, 1894.
32. Spillman and Etienne. Syphilis hereditaria tarda, *Revue Med. de l'est*, Jan. 1, 1894.
33. Graham. A case of nephrectomy, for sarcoma of the kidney, *Jour. Am. Med. Assoc.*, April 20, 1895.

34. Herveou and Lautier. Upon a case of triple perforation of the urethra in a new born child, *Bull. soc. scien. de l'Quest*, 1894, No. 4, p. 234.
35. Keegan. Litholapaxy in children, *Lancet*, July 28, 1894.
36. Doderlein and Birch-Hirschfeld. Embryonic glandular tumor of the renal region in childhood, *Centralbl. für Harn. und Sexualorg.*, 1894.

1. Hochsinger believes that a good many cases of so-called syphilis of the internal organs, are really tubercular. Especially does he believe this to be true in cases of cheesy infiltration of lung tissue, which he thinks is due to the two-fold infection of syphilis and tuberculosis.

2. Downie considers that acquired syphilis in children is much more common than is generally believed. In acquired syphilis he considers the secondary symptoms more severe and that the larynx is very frequently attacked.

3. King regards Bright's disease as an inflammatory disease, in the ordinary run of cases and, inasmuch as it is an inflammatory disease, certainly at some period of its stage, he regards that rest and non-stimulation are the proper methods of treatment. He looks upon the presence or absence of blood in the urine as an untrustworthy guide in the treatment. He therefore recommends that the cause should be removed by a vicarious discharge from somewhere else than from the kidneys, and suggests stimulation of the skin and bowels, recommending pilocarpine, liquor ammonii acetatis, or Dover's powder for the former; and croton oil, elaterium, jalap or Rochelle salts for the latter. He also speaks well of prolonged hot water or vapor baths. In cases of eclampsia, or where it seems imminent, he advises a resort to chloral hydrate, morphine or chloroform. It is only after the stage of renal engorgement is passed that he considers diuretics are indicated, and he divides these into three classes: (1) those which act by direct stimulation of the secreting structure of the kidney; (2) those which increase the amount of water in the blood vessels; (3) those which increase the general vascular tension.

4. Kohn's case occurred in a child nine months old in which a tumor of the right temporal region developed fifteen days before Kohn saw it. The tumor had grown steadily since its first appearance, and eight days later the right eye had bulged

out and the child was attacked with vomiting. Examination made before death showed exophthalmus of the right side and on the right temporal region there was a soft diffused swelling which was apparently seated on the skull. In front of the left ear were five isolated tumors the size of cherries. On the right side of the abdomen was a well marked, rounded tumor which, as well as the other swellings, had grown rapidly. The child died one month from the beginning of the disease. At the autopsy medullary sarcoma found in the right suprarenal capsule.

14. Earle and Weaver report the case of a child two years old which was attacked in February, 1893, with jaundice, dyspnea, edema, vomiting and discolored stools. This was associated with marked hypertrophy of the liver and distended gall bladder. All these symptoms alternated with periods of apparent good health. These conditions continued until April, 1893, when the child died. At the autopsy, the liver, spleen, kidneys, the gall bladder and portal vein were found compressed and the extra biliary ducts were almost obliterated by a sarcomatous infiltration of the right supra-renal capsule, which completely encircled the lower portion of the cystic duct.

15. Hansemann reports the autopsy of a boy, twenty months old, who had suffered from adenomyxosarcoma of the left kidney. The tumor, which was retro-peritoneal, was fairly movable, as large as a child's head, and extended from the diaphragm to the pelvis. The right kidney was increased in size and the renal capsule of that side was intact. The left supra-renal capsule was invisible and its vessels were lost in the tumor. The left kidney was pale, and lying behind and above the tumor. The left ureter was compressed, as was also the renal pelvis, the pyramids were flattened. The renal parenchyma, although compressed by and adherent to the tumor, was distinct from the swelling, which was circumscribed by an enveloping capsule. From the inner surface of this capsule, trabeculae ran into the tumor, dividing it into spaces varying from the size of a bean to a nut. The liver was pale and contained small nodules of diseased tissue which, as well as the tumor, were found upon examination to be sarcomatous.

16. Lueck, in giving his experience of the treatment of acute nephritis in children by pilocarpine, states that the treatment

resolves itself into: (1) absolute rest in bed; (2) administration of pilocarpine and alkaline drugs; (3) aiding the action of the pilocarpine by the action of hot flaxseed and mustard poultices and supporting the action of the heart by proper remedies. After the urgent symptoms have been relieved, the patient must be treated according to the indications. For anemia, tincture of sesqui-chloride of iron must be administered in full doses.

18. Carter considers that investigation, properly directed, would undoubtedly show that the increase in the number of cases of Bright's disease, can be attributed in part, to the increase of the uric acid diathesis and lithemia among children and young people, caused by pastries, rich foods, confectionaries, sugars, etc., and he advises, in the treatment, three chief objects to be kept in view: (1) remove the acid digestion; (2) regulate the action of the liver; (3) relieve the kidneys of their extra work.

24. Goerl relates the case of a boy who, when apparently in good health in November, 1893, when eight months old, began to grow peevish and to lose interest in his playthings and surroundings. At this same time, the mother noticed that the right side of the child's abdomen felt harder than the left. The first physician who was consulted thought it was due to retained feces, as the child had been constipated for some weeks previously. The boy grew worse and lost flesh, but nothing could be seen until May, 1894, when a tumor was distinctly felt in the abdomen. The abdominal walls were bulged forward and the swelling was perceptible to the eye. Pain for the first time appeared, so much so that the child cried and it steadily lost strength and flesh to such a marked extent that it was unable to walk, a thing which it had previously been doing. The urine was not increased or diminished in quantity, but there was some blood. Upon examination, the boy was found to be well built for his age. In the median line of the right abdominal cavity a tumor was found, lying beneath the liver. Pressure now produced no pain. Palpation established it to be an elastic swelling, oval in shape, extending more laterally than upwards or downwards. The swelling was not effected by the respiratory movements of the diaphragm and it clearly sprang from the posterior wall of the abdomen. Notwithstand-

ing the negative condition of the urine, the diagnosis of malignant tumor of the kidney was made. On the 18th of July, 1894, when the child was sixteen months old, and the disease of eight months duration, the tumor was removed by Bergmann's incision through the abdominal parietes. The result was eminently successful, the child was restored to health, and in eight months after the operation was able to walk. Pathological examination showed the disease to be sarcomatous in nature.

FREDERIC R. STURGIS, M. D., New York.

Yellow-Oxide-of-Mercury Ointment. Dr. George F. Suker, of Toledo, Ohio, writes (*Med. Journ.*, 1895, lxii, 735) as follows:

"This ointment, as we all know, is extensively used in ophthalmic practice. Yet it has one drawback, and that is this—it readily loses its therapeutical powers. Many of us have, no doubt, noticed that it acts admirably while fresh, but loses its efficiency on standing.

"Now, why is this? Dr. Holt (*Med. Week*) says that the deterioration is due to the light. He maintains that light decomposes the ointment. This is actually so. In view of this fact he recommends it to be dispensed in jars which are impervious to the rays of light. The lids of these not to be of celluloid, but of hard wood or metal; and an excipient should be employed that will not become rancid.

"Dr. Holt advises the following formula:

℞ Hydrarg. præcip. flav.	0.05—0.2 part;
Lanolin,	} āā 3 parts:
Paraffin. liq.	
Aq. dest. sterilis.	4 "

M., ft. ung.

"This formula is well worth trying, and if it is dispensed as above stated you will find it maintains its efficiency for any length of time."

Infantile Eczema. Dr. Cantrell says that the pustular variety is usually seen previous to the first year in life, while the vesicular lesion is encountered between that age and five years. In the treatment of this condition he applies a *bran bath*, followed by the use of one of the following ointments: When the part is highly inflamed, *boric acid*, *washed sulphur* or *calomel* in the proportion of twenty grains to the ounce of ointment base. When there is more infiltration than inflammation, *salicylic acid*, *salol* or *resorcin* may be used in strengths varying from twenty to sixty grains to an ounce of the base.—*Phil. Polyclinic*, 1895, iv, 487.

SOCIETY REPORTS.

SECTION ON PEDIATRICS, N. Y. ACADEMY OF MEDICINE

STATED MEETING, DEC. 12, 1895.

CRETINISM. Dr. J. H. Fruitnight presented a cretin, four years of age, who had been admitted to the St. John's Guild Free Hospital for Children last January. The parents were of foreign birth, and this child was the third in a family of four children. All the others were normal, and nothing unusual had been noticed about this particular child until it was about one year of age, when the parents observed that it continually protruded the tongue in a peculiar manner, and that its skin was of an unnatural hue. He had never made any attempt to creep, and could not yet say a single word. It had ten teeth altogether, but the upper ones were broken short near the gums, and the lower set was very poorly developed. The child is 25 inches long, the circumference of the head is 18½ inches, and his weight was 16½ pounds at the time of admission to the hospital. It was noted also at this time that the skin was yellowish, dry and scaly, that the upper and lower extremities were curved outwardly, and that the spine exhibited lordosis. On October 2d, treatment with the desiccated thyroid extract was begun, and the extract was given in daily doses of from three to nine grains. There had been no unpleasant symptoms observed during this treatment; the temperature had not risen above 100° F. at any time, and for the most part had been about 99° F.; and there had been a remarkable improvement in both the physical and mental condition. By December 1st, the child had gained nearly a pound, and the thyroid extract was therefore continued in very small doses, and was given in conjunction with Fowler's solution.

Early Symptoms of Joint Disease. Dr. Le Roy W. Hubbard read a paper on this subject, confining his remarks to a consideration of tuberculosis of the synovial membrane, or of one or both bones of the joints. With early and appropriate treatment, he said the result was generally very satisfactory. When a case presented any symptoms pointing to joint disease, it should be the invariable rule for the physician to strip the patient and make a searching examination. If the symptoms were not sufficiently marked at the first visit, the case should be kept under observation for a time. The first and most important symptom of joint disease is reflex muscular spasm—*i. e.* a tonic spasm of all or some of the muscles in relation to a sensitive and diseased joint. It is the first sign to appear, and persists until healing has taken place. The spasm may be so intense as to give the impression that the joint is ankylosed. That it is a purely reflex spasm is shown by the motion of the joint becoming free under general anesthesia. Some experience is

necessary to differentiate it from the voluntary resistance offered by the muscles of a frightened child. Neither traumatism nor heredity, in the opinion of the author, plays as great a part in the production of these chronic joint diseases as many suppose. When the history of traumatism is present, it will be observed that the symptoms of joint disease do not develop until several weeks afterward. In the early stage of joint disease the presence or absence of any one symptom is not sufficient to determine the true nature of the trouble; it is only by a careful grouping of the symptoms and signs that a correct diagnosis can be made.

Passing to the consideration of various forms of joint disease, the reader of the paper said that in Pott's disease of the spine the child is usually first noticed to carry the head stiffly or to one side. This twisting of the head has often led to a mistaken diagnosis of torticollis; but in spinal disease the chin is turned toward the contracted muscle; in wry-neck it is turned away from it. Many cases go on to marked deformity without any evidence of pain. In cervical spinal disease, the muscles passing up along the cervical spine will be found to be rigid, and attempts to produce extension, flexion and rotation will cause pain and spasm. In disease of the dorsal region, the child usually holds its shoulders stiffly, and there is apt to be pain referred to the epigastrium. This latter symptom is so constant that the dorsal spine should always be examined when such pain is a prominent symptom. This reflex pain has often led to the patient being persistently treated for a dyspepsia that it never had. In disease of the lower part of the vertebral column, the child takes short steps and walks stiffly, and on attempting to stoop and pick up something from the floor it holds the body rigidly, and bends at the hips and knees. On attempting to hyperextend the spine, the examiner will elicit reflex muscular spasm. On attempting to extend the thighs there will be spasm and more or less resistance on one side, due to irritation of the psoas muscle.

In hip joint disease, the first symptom in the vast majority of cases is a limp, and this is generally worse in the morning. It frequently disappears for a time, and then returns. The next most frequent symptom is pain, which may be either at the hip or the knee. By carefully contrasting the motions of the two hip joints it is not difficult to detect the restriction of the motions in the affected joint. Regarding the confounding of the psoas contraction of Pott's disease with the limitation of motion at the hip occurring in hip joint disease, the reader of the paper said that in Pott's disease rotation, abduction, adduction and flexion were not limited on attempting to extend the thigh, whereas in hip joint disease they were restricted. In speaking of methods of examination, Dr. Hubbard said he wished especially to deprecate all rough handling of the joint, and particularly pounding

on the heel, or similar methods of trying the effect of concussion on the joint.

In disease of the knee joint, if the morbid process began as a synovitis, there was no pain, and only a slight limp after walking, and the motion of the joint was nearly normal. If the disease, however, began in one of the bones of the articulation, there would be a more pronounced limp, worse after rest, together with pain, spasm and limitation of motion. Flexion usually occurs quite early, and is accompanied by atrophy of the thigh and leg. If no appropriate treatment be adopted, chronic synovitis almost always extends to the bones.

In disease of the ankle, a puffiness about this joint was often the first sign noticed, then there would be limp, reflex spasm and inversion.

Dr. W. R. Townsend, in discussing this paper, said that many errors in diagnosis of joint diseases arose from a neglect to compare the two sides of the body. In recognizing reflex muscular spasm, the most important point to remember was that if the resistance was voluntary, it would gradually yield under steady pressure, but if it were a true spasm of muscle, this would not occur even when considerable force was applied. In the early stage of Pott's disease there was often a lateral deviation of the spine, which sometimes caused physicians to entirely overlook the true underlying condition.

Relaxed Ligaments. Dr. V. P. Gibney presented some informal notes and remarks on relaxation of various ligaments of the body, and exhibited a number of patients illustrating various phases of this condition. In connection with the first patient presented, a little girl under three years of age, with relaxed ligaments of the hip and a congenital dislocation of the hip, Dr. Gibney called attention to the splint that he was using for overcoming the dislocation. It consisted of a rigid perineal crutch without the encircling band of the Thomas splint, and with a rack and pinion for making extension. He had used this splint in several private cases, and had found that it acted admirably in reducing a certain amount of the deformity. Other cases were shown to illustrate relaxation of the ligaments of the hip and knee. Among the latter class were one or two in whom the relaxation had followed operation for the relief of knock-knee.

Dr. Gibney said that he found that the ligaments of the spinal column played an unimportant part in the production of the deformities of this region, and that the maintainance of the integrity of the hip joint was due to bony support as well as to the powerful ligaments here. In cases of knock-knee, it was found that the stretching of the internal lateral ligament and the shortening of the external lateral ligament by contracture were followed by elongation of the condyle and head of the tibia

as a result of the removal of the normal pressure. Division of the ligaments had accordingly but little effect in bringing about a cure. Relaxation of ligaments was most often seen in connection with hip joint disease, and was due to the two common practice of making extension by adhesive plaster strips attached only to the leg, instead of by straps attached to both the leg and thigh. Relaxation of the ligaments of the ankle joint was seen in flat-foot and as a consequence of poliomyelitis.

Dr. R. H. Sayre said that in his opinion relaxation of the ligaments in rachitic children, was an important factor in knock-knee and flat-foot. He had seen but a few cases of *genu recurvatum*, but he recalled one such case in which when the child kicked, its foot would strike the belly. About the only useful treatment for relaxation of ligaments was the use of proper supporting braces. He asked for Dr. Gibney's experience with alcohol injections in the treatment of cases of relaxation of the ligaments at the sternal end of the clavicle.

Dr. Townsend recalled two cases in which a good result had been secured in this class of cases by the injection of alcohol.

Dr. Gibney said that he had had an unfortunate experience with these alcohol injections, as in one instance they had produced suppuration. He knew of no efficient method of treating this most distressing condition.

Microbes on Fruit. Fruit skins of all kinds are full of germs, The bloom of the peach is a luxurious growth of microbes, that of grape only less so: and when these skins are taken into the stomach they may find more favorable conditions for their lively and rapid development. This is the reason many persons think they cannot eat raw fruit. If they would in all cases discard the skin they could derive only good from the fruit itself. Nature provides the skin for the protection of the fruit from the multitude of germs which are ever ready to attack it, as is evidenced when the skin is bruised or broken in any way. The microbes at once begin their work of decay and the fruit is unfit for food. Children are chief offenders in respect to this rule and should be carefully watched and frequently cautioned. A daintiness as to the condition of fruit should also be cultivated, to prevent its being eaten unripe, or too old, on the verge of decay. Remember that it is sweet and ripe fruit in prime condition only, that is the healthiest.—*Popular Sc. News*, 1895, xxix, 118.

Purpura. In the treatment of simple *purpura*, Dr. Cantrell finds that the *oil of turpentine* in five minim doses, three times a day, gives more relief than the ergot preparations. Usually a cure results in a few weeks if there are no complications.—*Phila. Polyclin.*, 1895, iv, 156.

BOOK REVIEWS.

Epidemic Ophthalmia, its Symptoms, Diagnosis, and Management; with Papers upon Allied Subjects. By Sidney Stephenson, M. B., F. R. C. S., *Surgeon to the Ophthalmic School, Hanwell, W.* (Edinburgh & London: Young J. Pentland. 1895.)

THIS handsome volume deals with a subject that is of interest to all who have to do with schools—namely, epidemic ophthalmia. As Mr. Stephenson remarks in the preface, that ailment “has worked havoc in many of our parochial institutions, and thousands of pounds have from time to time been expended in order to stay its ravages and to stamp it out of existence. But, for all that, this preventable disease has not hitherto been prevented.” The truth of his statement will be disputed by nobody who is at all conversant with the recent outbreaks that have occurred in not a few of the English educational establishments, both of high and low class.

The book takes its title from the first section, which is devoted to a description of epidemic ophthalmia, its symptoms, diagnosis, and management. After discussing acute trachoma, and the muco-purulent, the purulent, and the diphtheritic forms of ophthalmia, the author gives an account of the ways of distinguishing those different kinds of disease. He lays great stress upon bacteriological examination of the secretion, and his remarks are illustrated by an excellent plate showing the various kinds of micro-organisms that may be met with. He next discusses the various ways by which the ailment is spread, and expresses his belief “that ophthalmia is propagated mainly, if not exclusively, by actual contact.” He is sceptical as to its aerial dissemination. He concludes this part of the subject by describing minutely the methods which have been found most serviceable by him and by others in ridding an institution of the pest. This essay is thoroughly practical in tone. It embodies a large amount of experience.

The second paper is devoted to the follicular granulation of the conjunctiva. Readers need hardly be reminded of the doubts and obscurities that have up to now surrounded this subject. In order to ascertain the significance of this peculiar conjunctival growth, Mr. Stephenson examined the eyes of nearly 15,000 presumably healthy children belonging to various social grades, and found that it was present in upwards of 93% of those inspected. From this and other facts he concludes that the follicular granulation is present, to an extent that varies with the individual, in almost all persons under twenty years of age; that it does not constitute an early stage of trachoma; and that it is not the direct outcome of an unhealthy environment. In short, he regards it as comparable with the follicular pro-

jection of the pharynx, and an evidence of what he terms the "adenoid activity" of young subjects.

The third paper describes the treatment of trachoma and of its complications, such as pannus, ulcers of the cornea, and trichiasis. As to the respective claims of surgical and escharotic methods, Mr. Stephenson's words are worth quoting. He says,—“It may be as well to state clearly that I am in no sense an advocate for surgical interference in the common run of cases. Broadly speaking, I should say that quite 75% of the patients recover under the ordinary treatment by escharotics. Those who decry the use of such agents appear to do so without valid reason. The method is certainly tedious, but success can always be obtained, provided the applications are made with sufficient frequency and in an efficient way. In the remaining 25% of cases, however, the course of the disease may be shortened and its severity reduced by a timely resort to surgical measures. To reject operation entirely is, in my opinion, as unscientific as to fly to it on every occasion.” We are inclined to think that most practical surgeons will endorse Mr. Stephenson's words.

A short paper on the treatment of follicular conjunctivitis concludes this part of the book.

There is a useful appendix dealing with lavatory arrangements. The contrivances—mechanical and otherwise—that have been found of service in preventing the passage of ophthalmia by water and towels are fully described. Illustrations are given of the spray baths in use at the Ophthalmic School and elsewhere.

Epidemic Ophthalmia is an eminently readable book. It covers ground that is scarcely touched upon in ordinary ophthalmological manuals. It should, in our opinion, find a place upon the book-shelf of everybody who is interested in schools and their management.

GEORGE CARPENTER, M.D., London.

Medical and Surgical Report of the Children's Hospital, 1869–1894. Edited by T. M. Rotch, M.D., and Herbert L. Burrell, M.D. (1895. Published by the Board of Managers, Boston, Mass. 367 pages. 98 illustrations.)

THIS report is beautifully printed on heavy plate paper, and, besides its historical interest, is a valuable contribution to pediatrics. It consists of three divisions—the administrative, the medical and the surgical. The administrative division contains the history of the hospital, a description of the buildings, an account of the executive management, a description of the Convalescent Home at Wellesley, Mass., and an account of the out-door relief department of the hospital.

The medical division consists of a series of original papers by members of the staff. The surgical division consists of three parts. Part I—A description of the work done in the surgical wards of the hospital, in the surgical out-patient department and in the surgical appliance shop. Part II—A description of the standard routine of procedure in the classes of cases treated at the hospital. The treatment of the most common diseases are reported in detail in preference to recording unique or rare affections. Part III—Original surgical papers on subjects selected by members of the staff.

The original articles of this report will appear in the next issues of PEDIATRICS as abstracts. All of them are interesting, and many of great value.

The surgical work of the hospital is divided between two services, and each service is under the charge of the same surgeon throughout the year, who has superintendence of both the in- and out-patient departments of his service. This is for the purpose of securing a uniform system of treatment—a great advantage in the management of chronic cases. In fact, the hospital is a model in every way—the management of contagious cases, the arrangements for the operating rooms, the preparation of instruments, dressings, brushes, sheets, gowns, etc., of the patients and of the hands of the surgeons and the assistants, and finally the surgical appliance shop, with its opportunities for experimental work with new apparatus. Every one who is interested in hospital work will find this report invaluable.

Pregnancy, Labor and the Puerperal State. By Egbert H. Grandin, M.D., *Consulting Obstetric Surgeon to the New York Maternity Hospital, etc.*, and George W. Jarman, M.D., *Obstetric Surgeon to the N. Y. Maternity Hospital, etc.* (1895, The F. A. Davis Co., Phil. 261 pages. Illustrated with 41 photographic plates.)

THE present work aims at being a guide to practice and is clinical in its teaching. It is direct in its statements whenever the facts warrant such directness, and anatomical, embryological and pathological data are only inserted when essential.

Chapter IV. is devoted to the care of the new-born infant, and is an excellent and practical article. Great stress is laid on the early and careful cleansing of the eyes. The eyelids are wiped off with a piece of sterile gauze or cotton saturated with a 50 per cent. solution of boric acid, and then the lids are opened and the conjunctival surface is carefully irrigated with the same solution. In the event of there being any suspicion of gonorrheal infection, Credé's method of instillation of silver-nitrate solution (two drops of 2% solution) is advised. How-

ever, we can not agree with the writers when they characterize the routine adoption of Credé's method as little short of barbarous. It certainly does no harm, and it is a common experience to find gonorrhea where least expected.

When greasing the child, previous to bathing it, care should be taken to protect the eyes and the stump of the cord, since the oil or vaseline is not sterile. A dry dressing of sterile absorbent cotton or gauze should be wound around the cord and left in place until the cord drops, as it is desired to have it undergo a dry gangrene after an aseptic fashion.

Attention is called to the value of antipyrin applied in powdered form as a hemostatic for oozing from the cord, the harm resulting from too much clothing and from overfeeding, and the importance of keeping the mouth well washed out and giving the child an abundant supply of water to drink.

After calling attention to the special care demanded by premature infants, they take up a consideration of asphyxia and the different methods of artificial respiration. Preference is given to the Schultz and Byrd-Dew methods, and excellent plates showing the technique are presented. One or the other of these methods, associated with mouth to mouth insufflation, will result in the resuscitation of the majority of infants who are suffering from the effects of the venous form of asphyxia. The Marshal-Hall or the Sylvester method has no advantage over the others; and Laborde's rhythmic traction of the tongue has been of doubtful value in their experience. In the anemic type of asphyxia, in addition to the artificial respiration, measures to relieve shock should be employed, namely, heat to the surface, hot saline injections into the rectum, ten drops or more of brandy into the mouth, etc.

The press work is well done and the illustrations are original, and taken from cases in practice. The book is a valuable and practical addition to our knowledge of the subject, as it is based upon the personal experience of the writers.

Fatal Retropharyngeal Abscess. PLATOT and VARIOT (*Jour. de clin. et de ther. infantile*, July 11, 1895) note a case of retropharyngeal abscess, in an infant of 14 months, in which death occurred suddenly at the moment of incision. The fatal result was not due to the invasion of the air-passages by the pus, and could only be explained by a reflex syncope.—*Univer. M. J.*, 1895, ix, 311.

Diarrhea in Infants.—℞ Benzonaphthol.
Bismuth subnitrate.
Resorcin, āā gr. jss.

M Sig.: For a child one or two years of age one such powder every two hours until six have been taken.—*Pract. Med.* 1895, vi, 230.

ABSTRACTS.

THE MEDICINE OF PRIMITIVE PEOPLES.

Kober, in a review of Dr. Max Bartel's Work discusses various primitive methods that are of interest to the pediatricist (*Va.M. Month.*, 1895, xxii, 913) *Circumcision*, and other ritual operations, are frequently practiced by the primitive races. The natives of Northern and Central Africa and the Mohammedans of Asia employ a razor, the ancient Hebrews used a flint knife, and the inhabitants of the Malayan Archipelago resort to a sharp piece of bamboo: some employ the circular method, while others, like the Serang Islanders, simply split the prepuce; for this purpose the operator, usually an older man, stretches the prepuce over a piece of wood, places the knife longitudinally over it, and drives it home by means of a solid block of wood: hemorrhage is controlled by tamponade and the application of styptic powders.

The girls of the Malayan Islands are subjected to a *slight excision of the preputium clitoridis*, the operation being performed by women. In East Africa, a portion of the mons veneris and the labia majora are excised usually with a dirty razor. By means of suitable position and fixing the thighs, or the introduction of a few stitches, union of the vulva is effected; the insertion of a small tube prevents complete closure and admits of the escape of urine and menstrual fluid. This operation has been styled infibulation. Before marriage, the old union is partly divided, and just before parturition the opening is still further enlarged, while, after recovery from confinement, the operation of closing the vulva is frequently repeated.

Dental operations are fully attended to; they often use files and chisels, but do not hesitate to resort to the hammer and brute force for the removal of teeth. The people of Sokoto, however, have an instrument closely resembling the modern gum-lancet, and very fair shaped forceps.

Snake Bite. He saw an Indian girl who had been bitten by a rattle snake; the arm was enormously swollen, and the child showed profound constitutional symptoms, and would probably have perished if her father had not applied a buckskin ligature above the elbow. The wound in the thumb had been freely sucked and the entire arm covered with a poultice of chopped fresh lupine.

Hernia is also rarely referred to although it is well known that the umbilical variety is quite common, especially among the tribes of Africa. Moore saw a medicine-man at Radschputana apply a hot iron over an injured hernia, thus proving his ignorance of the nature of the case; a native of the Loyalty Island operated upon himself for a femoral hernia, but perished in consequence. Schoolcraft says that our Indian tribes are perfectly at sea in the treatment of strangulated hernia, while

in the reducible form they employ very suitable bandages. Quedenfeldt's collection of trusses from Morocco shows that they treated their cases quite intelligently.

According to v. Miklucho-Maclay, a peculiar operation, called "Mika," and "Kulpi," is practiced on boys at the age of twelve and fourteen, among the Diegerrie tribe, residing along Cooper's Creek, in Australia, consisting in a *complete splitting of the urethra along the lower surface of the penis* from the orifice to the scrotum. According to Taplin, the operation is performed as follows: A suitable piece of kangaroo bone is introduced into the urethra as far as the junction of the scrotum, and using this as a guide, the operation is completed by means of a flint knife or shell fragment; sometimes the incision is made without a guide, the penis being placed on a piece of tree bark. After the operation, a piece of soft bark or a piece of bone is inserted to prevent adhesion of the wound surfaces. Of the effects of the operation, we are told that the urethra is no longer a canal, but a shallow groove, with the outlet close to the scrotum, and they have to urinate in a feminine fashion. During a relaxed condition, the penis is very much shrunken, and has the appearance of a large button, while during an erection, it is broad and flat, and in coitus the spermatic fluid is ejaculated outside of the vagina. The motive for this mutilation is stated by the natives to be a limitation of the offsprings, while others simply declare it to be the custom of their ancestors, and they follow it. The women of Nasim confirm the statement that men thus operated upon cannot beget children. It is a noteworthy fact that the finest specimen of manhood in some tribes are spared from this mutilation; but among the Nasims, the custom appears to be reversed, as only the more promising types are selected as a mark of special distinction for this operation; and the Reporter adds, that they are special favorites among the women.

THE MODIFIED MILK QUESTION.

Worcester (*Bost. M. and S. J.*, 1895, cxxxiii, 287 and *Am. M. S. Bulletin*, 1895, viii, 1404) has recently been privileged to study the Dresden methods of modifying milk. The superiority of the Dresden modification rests mainly upon the recognition of an essential difference between casein and lact-albumin. Prof. Lehmann's analyses (published posthumously) of breast milk and cows' milk show that while cows' milk is more than twice as rich in casein, it is much poorer than human milk in lact-albumin.

	Cows' Milk Per ct.	Human Milk Per ct.
Casein	3.0	1.2
Albumin	0.3	0.5
Fat	3.5	3.8
Sugar	4.5	6.0
Ash	0.7	0.2
Water	88.0	88.5

Dilution of cows' milk, with sufficient water to reduce the casein of the mixture to the amount found in human milk, results in a mixture containing only one-third enough lact-albumin. If the milk be also sterilized, still further loss occurs, as the coagulated albumin is wasted in the scum, and by clinging to the sides of the bottle. He asks whether this may not account for some of the failures with sterilized milk.

We dread the appearance of curds in the stools as showing that the casein is not digested, but do we not often by diluting starve the child of the necessary form of soluble albumin? Three forms of soluble albumin are available: peptonized grain albumin, meat juice, and the white of egg. The last is undoubtedly the best, because of its closest resemblance to lact-albumin and its easiest obtainment.

The following rule is given for imitating breast-milk: To 1 pint of cows' milk (of $9\frac{1}{2}$ per cent. fat) add $1\frac{1}{2}$ pint of an emulsion of one egg-white and 13 dr. of milk-sugar in water. To make the latter, use a fresh egg, which has been washed and rinsed in absolute alcohol. Drop the white only into a clean bowl and add clean or sterilized milk-sugar; rub together, avoid making foam, and then gradually pour in the water. This is then filtered through a sterilized cloth and mixed with sterilized milk and placed in bottles stoppered with sterilized cotton. Such a preparation of milk should, in the author's opinion, go far toward preventing scurvy, which frequently arises with the use of sterilized milk.

Dr Worcester's otherwise excellent paper is, however, marred by two things: first, a violent attack upon the Walker-Gordon modified milk because it is produced under patents; second, by his failure to give instructions for obtaining a milk of even approximately " $9\frac{1}{2}$ per cent. fat." General observations are made upon the use of the lactometer for this purpose, but the new method of preparing milk would have been better introduced to the busy general practitioner, had further instructions been added upon this point.

CYANOTIC SYMPTOMS AFTER LOCAL APPLICATION OF ACETANILID.

Dr. Charles Sauter (*Louisville M. M.*, 1895, ii. 341) reports the case of a child, three years old, with eczema of the neck, for which he prescribed a dusting powder composed of one part acetanilid and three parts subnitrate of bismuth.

The eruption improved, but a second application of a new supply of the powder produced alarming cyanosis—the child became blue, and the breathing labored; similar symptoms, although not so alarming, had followed every application of the powder.

The use of acetanilid locally has been much advocated of late,

and most happy results attributed to it. Therefore this case was reported as a warning for others to be careful in its use.

SOME REMARKS ON ANESTHESIA FROM ETHER AND CHLOROFORM.

Brickner (*Med. News*, 1895) contends that for general use, ether is a safer narcotic than chloroform. He urges that more care and greater consideration be given to the administration of anesthetics in hospitals. Following the investigations of Kemdrat and Kolisko, he points out the danger of chloroform in cases where adenoid vegetations or other marks of the *habitus lymphaticus* exist. The writer commends the preliminary use of cocaine in the nostrils before anesthesia by ether or chloroform and has had gratifying results from the rhythmic traction of the tongue as described by Laborde.

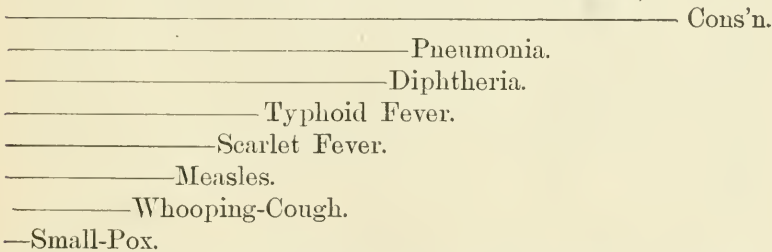
DANGEROUS COMMUNICABLE DISEASES.

HOW SPREAD, HOW RESTRICTED AND PREVENTED.*

In Michigan the most dangerous communicable diseases, named in the order of their importance as causes of death, are consumption, pneumonia, influenza,† diphtheria, typhoid fever, scarlet fever, measles, whooping-cough and small-pox.

The relative importance of these diseases is shown by the diagram below. Consumption causes many more deaths than does any other disease.

DEATHS IN MICHIGAN, TEN YEARS, (1884-93.)



* Data and statements supplied to school superintendents and teachers, by the Michigan State Board of Health, in compliance with Act No. 146, Laws of 1895.

Section 1 of this act requires "That there shall be taught in every year in every public school in Michigan the principal modes by which each of the dangerous communicable diseases is spread, and the best methods for the restriction and prevention of each such disease. The State Board of Health shall annually send to the public school superintendents and teachers throughout this State printed data and statements which shall enable them to comply with this act. School boards are hereby required to direct such superintendents and teachers to give oral and blackboard instruction, using the data and statements supplied by the State Board of Health." (Section 2 provides penalties for non-compliance.)

† Up to the year 1889 influenza caused few deaths in Michigan; but in 1890, 1891, and 1892 the deaths reported from it averaged over 1000 a year.

PRINCIPAL MODES BY WHICH THE COMMUNICABLE DISEASES ARE SPREAD.

Most of the so-called "contagious" diseases are usually spread by means of atmospheric dust of which the germs of these diseases sometimes constitute a part. Consumption, diphtheria, pneumonia, influenza, scarlet fever, measles, whooping-cough, and small-pox are usually spread in this manner. Probably these diseases are not usually caught or contracted except through some break in the skin or in the mucous membrane lining some cavity. Such breaks or ulcerations occur not infrequently in the throat at those seasons of the year when the atmosphere is what is known as "raw"—that is, when it contains the throat irritant ozone, and when it is irritating by reason of its drying effect in cold, windy weather. These diseases are apparently usually contracted by taking in the germs with the breath, through the mouth, and probably sometimes through the nose. The nose is so constructed, and so guarded by minute hairs, kept moist by the exhaled breath and by secretions, that very little dust of any kind is permitted to pass beyond the nose, so long as that organ is in its normal condition; but so much dust-laden air passes through the nose that much dust is there collected. Generally such dust contains many species of bacteria, spores, and germs, some of which are capable of causing a specific disease. For instance, the micro-organisms (pus cocci), which cause suppuration (the formation of pus), are so generally present that any break in the skin or mucous membrane is usually followed by the formation of pus. The germs of pneumonia are quite generally distributed, so that they are sometimes found present in the noses and mouths of persons not yet suffering from pneumonia.

Because of these facts, handkerchiefs once used are very liable to spread disease, in case any secretion from the nose has dried on so that it may be detached and form dust that may be taken in with the breath or enter any break in the skin.

SOME OF THE CHIEF SOURCES OF DANGER OF CONTRACTING DISEASES ARE:

1. Dust from infected handkerchiefs. (A general rule applicable to all persons, sick and well, is that handkerchiefs should be looked upon with suspicion. They should not be used after any secretion from the nose has been permitted to dry upon them. After being used they should be put into a paper bag which may then have its top twisted shut, there to remain until put into boiling water).

2. Dust from floors or articles upon which infected sputum or saliva has been ejected.

3. Contact with the hands of persons who cough into their hands, or who handle infected handkerchiefs or cloths into which they have spit.

4. Books, pencils, gum, drinking-cups, etc., used in common.
5. Dust from rooms or clothing infected by persons having a communicable disease.

6. Possibly typhoid fever may be spread by means of dust containing the germs of that disease; but in order that typhoid fever may occur, the germs must be swallowed or find their way to the lower part of the small intestine. This disease is usually spread by drinking-water which has been contaminated with sewage or with leachings from privies. Similar statements are true relative to cholera.

DANGEROUS COMMUNICABLE DISEASES, IN THE ORDER OF THEIR IMPORTANCE, MODES BY WHICH THEY ARE SPREAD, AND BEST METHODS FOR THEIR RESTRICTION AND PREVENTION.

Consumption is now known to be a communicable disease. It is spread by the dust of dried sputa, and also by milk and meat of tuberculous animals. The most important measure for the restriction of consumption is the disinfection or destruction of all sputa of every consumptive person.

It is best that all persons who have a cough should carry small pieces of cloth (each just large enough to properly receive one sputum) and paraffined paper envelopes or wrappers in which the cloth, as soon as once used, may be put and securely enclosed, and with its envelope, burned on the first opportunity.

Pneumonia is spread by a germ which is in the sputum of those who have the disease (and of some who do not have the disease, unless, possibly, after exposure to the inhalation of cold air). Care should always be taken to destroy or disinfect all sputa of those who have pneumonia.

Influenza is now believed to be spread by a germ which finds its way from infected handkerchiefs and other articles and places into the nose, throat, and air-passages of persons susceptible to this disease. The measures for its restriction are therefore obvious—isolation and disinfection.

Diphtheria is spread by the sputa, saliva, and whatever comes from the throat and mouth of the patient, and by the dust which results from the drying of such saliva, etc. The germs of diphtheria sometimes remain in the throat weeks after apparent complete recovery. For its restriction and prevention, isolation and disinfection are the important measures—isolation of every infected person and thing, and their complete disinfection.

Typhoid Fever.—Unlike typhus fever, typhoid fever is not often contracted directly from the sick person, but usually from the discharges from the bowels of the sick person. These should always be properly disinfected. Undisinfected discharges, if dried and formed into dust, may spread the disease through the air. The chief source of danger, however, is believed to be

drinking-water contaminated by sewage or leachings from privies, etc. The germs of typhoid fever are killed by boiling. All suspected water should be boiled.

Scarlet Fever.—The germ of scarlet fever is not yet identified. But that there is a germ seems to be proved by the well-known communicability of the disease from person to person. It is spread by the discharges from the nose, mouth, and throat, and probably also by the minute scales which are thrown off from the surfaces of the body. Isolation and disinfection are the measures by which this disease is restricted.

Measles is spread from person to person, directly and indirectly. Isolation and disinfection should be enforced.

Whooping-Cough is a communicable disease, which, in Michigan, causes more deaths than does small-pox. Whooping-cough is spread from person to person, directly and probably indirectly. Most of the following "General Directions," except perhaps those for disinfection of the discharges from the kidneys and bowels, are applicable for its restriction.

Small-pox.—Small-pox is a contagious disease; it spreads by means of particles given off from the surfaces of the body. The following rules are applicable for the *restriction* of small-pox whenever the disease occurs, but by vaccination and revaccination small-pox may be and should be almost wholly *prevented*. One vaccination or once having small-pox does not protect for life. Revaccination should be had once in about five years, also whenever small-pox is prevalent and certainly immediately after one has been exposed to the disease.

Cholera is spread in much the same way as is typhoid fever. The same precautions recommended to prevent the spreading of typhoid fever should be taken as soon as cholera appears. The first evacuations of choleraic diarrhea are infectious, and should, as well as all that follow, be immediately carefully disinfected. Suspected drinking-water should be boiled.

GENERAL DIRECTIONS FOR THE PREVENTION AND RESTRICTION OF SCARLET FEVER, DIPHTHERIA, SMALL-POX, AND TYPHUS FEVER.

1. To avoid the contagium or special cause of the disease:

Isolation and disinfection are the important measures. Unless you are needed to care for the sick or are protected by having recently had the disease, or, in case of small-pox, by thorough vaccination, do not go near the sick person. Do not allow your lips to touch any food, cup, or spoon, or anything else that the sick person has touched or that has been in the sick-room. Do not wipe your face or hands with any cloth that has been near the sick person. Do not wear any clothing that the sick person has worn during, just before, or just after his sickness. Keep your hands free from discharges from the body

or skin of the sick person. Do not touch him with sore or scratched hands. Avoid inhaling or in any way receiving into the mouth or nose the branny scales that fall or peel from one recovering from, or apparently wholly recovered from scarlet fever; also any dust from the dried saliva of a person sick with or recovering from scarlet fever or diphtheria. The germs of diphtheria sometimes remain in the throat weeks after apparent complete recovery.

2. To restrict the contagium or special cause of the disease:

Isolate the sick. Separate those sick with any of these diseases, even if they are but mildly sick, from all persons except necessary attendants. A person sick with any of these diseases should not be permitted to suffer for want of care, food, or comfort; but all his wants should be attended to by adults, or by those who are protected by proper vaccination or by having had the disease. Children and those who are not thus protected should be kept away from these diseases. Do not go from a sick-room to a child or other unprotected person until after change of clothing and thorough washing of hands, face, hair, and beard.* Always wash the hands thoroughly after any handling of the sick person or anything that has been in contact with the sick person. Keep those who have been exposed to any of these diseases away from schools, churches, and other assemblies, and from all children, until it is known whether they are infected, and if they are found to be infected isolate them until after complete recovery and thorough disinfection.

3. To destroy the contagium or special cause of the disease:

(a) Thoroughly disinfect or destroy whatever is removed from the person sick or from the sick-room. All discharges from the lungs, nose, throat, and mouth should be burned or disinfected. All other discharges from the patient should be received into vessels containing a strong solution of chlorinated lime (not less than one ounce to each discharge from the bowels), and then, in cities, thrown into the water-closet; elsewhere they should be buried at least 100 feet distant from any well; or where this is impracticable they may be received on old cloths, which should immediately be burned or disinfected and buried.

(b) Thoroughly disinfect the sick-room and its contents after removal of the sick person, whether by death or recovery. Disinfect as follows:

Burn whatever has been in contact with the sick person and is not too valuable to burn. Garments, sheets, blankets, etc., such as will not be injured thereby, should be boiled for half an hour. After death or recovery of the patient subject the room and *all its contents* to the fumes of burning sulphur. Before fumigating hang up and loosely spread out clothing, bedding, etc., or spread them loosely over chairs, leaving the bedstead,

* Corrosive sublimate, 1 part to 1000 parts of cologne or water, is sometimes used by physicians for this purpose. This solution should be labelled "Poison."

other furniture, and everything in the room. Close all openings in the room very tightly. For a room ten feet square place three pounds of sulphur in an iron pot or pan that will not leak, supported on bricks over water in a tub. Set the sulphur on fire with live coals or with a spoonful of alcohol lighted by a match. Be careful not to breathe the sulphurous fumes. Leave the room tightly closed for several hours, then air it thoroughly. For a large room use a proportionally larger quantity of sulphur, at the rate of three pounds for each 1000 cubic feet of air-space, and burn as much as possible of the sulphur used.

4. Keep your premises and everything connected therewith clean, but remember that *the contagium of these diseases may attach to the cleanest article of clothing, food, drink, book, or paper, if it is exposed thereto.*

5. The law requires householders and physicians to notify the local health officer of the first case and of every case of one of these diseases. The penalty for violation of this law may be as much as \$100. Plain and distinct notices should be placed on the house or premises in which there is a person sick with one of these diseases.

Unless the local board of health orders otherwise, whoever violates the orders of the health officer is liable to a fine, and to imprisonment if the fine is not paid.

More complete statements of means of restricting and preventing these diseases are in the pamphlets issued by the State Board of Health, on the "Restriction and Prevention of Scarlet Fever," the "Restriction and Prevention of Diphtheria," the "Restriction and Prevention of Measles," the "Restriction and Prevention of Small-Pox," the "Restriction and Prevention of Consumption," and the "Prevention of Typhoid Fever," any of which may be had by addressing the Secretary of the State Board of Health, Lansing, Michigan.—*Dietetic and Hygienic Gaz.*, 1895, xi., 762.

REPORT OF A CASE OF DIPHTHERIA SHOWING THE SHORT PERIOD OF IMMUNITY PRODUCED BY ANTITOXIN.

F. E. Waxham (*Chicago Med. Rec.*, 1895, ix, 306) relates the history of a boy four years old, with well marked symptoms of diphtheria. Membrane covered the tonsils and respiration was so impeded as to clearly indicate an invasion of the larynx. These symptoms gradually increased and respiration became so difficult as to require an operation without delay. Intubation was performed July 2, 1895, and 10 cc. Behring's antitoxin No. 2 given hypodermically. A culture from the throat proved the case to be one of true diphtheria. Soon after leaving the patient the intubation tube was expelled. Recurrent and urgent

dyspnea required the prompt introduction of a larger tube. This tube was expelled on the fourth day, when its presence became no longer necessary. The membrane covering the fauces disappeared in the course of two days after the use of the antitoxin and the temperature became normal although the pulse remained somewhat rapid and weak, and the boy made a slow convalescence, remaining unusually weak and feeble for two weeks and subject to sinking spells whenever getting excited. On July 24, the health department made a bacteriological examination demonstrating the presence of bacilli still in the throat. On July 26, membrane covered the fauces and was not present at the time the examination was made by the health department. The membrane persisted for a week and gradually disappeared under ordinary treatment.

During this secondary attack or relapse the patient seemed to suffer but little inconvenience, the attack being mild. The action of antitoxin is as yet hardly understood. If it, as many believe, neutralizes the toxins of diphtheria we can readily see that the immunity produced must be of short duration. The disease would antagonize and neutralize the remedy. In a mild case the immunity produced by antitoxin would naturally be of longer duration than in a severe one and when used as a prophylactic for the same reason should produce a longer period of immunity than when used as a curative agent.

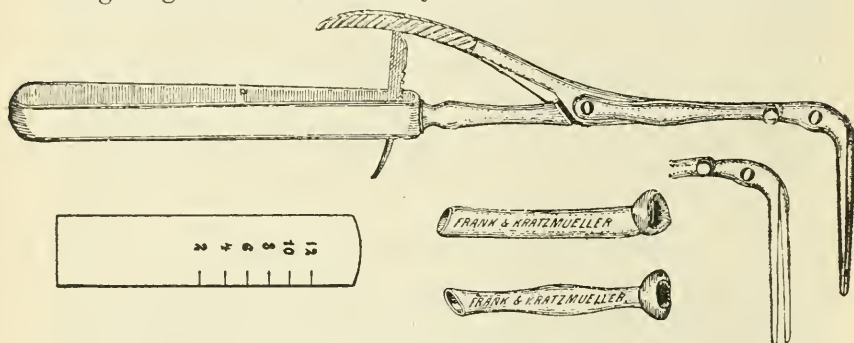
SERUM ANTISTREPTOCOCCIQUE.

Eisendrath says (*Chicago Med. Rec.*, 1895, ix 271) that a most valuable contribution to serum therapy has been made by Marmorek. He inoculated rabbits by successive passages from animal to animal with virulent cultures of streptococci until he obtained a microörganism of such a virulence that 1-100 millionth of a cubic centimeter killed an animal. He then immunized horses, sheep and asses by successively increasing doses of the living cultures. It required six months to accomplish this and to obtain an active serum. A rabbit of 1,500 g. injected with 0.2 cc. of the serum, and then ten or twelve hours later with ten times more than a fatal dose of the virulent culture, remained well. Injected into 413 cases of erysipelas the mortality was only 3.87 per cent, a little less than the average of 5-6 per cent. He then treated phlegmonous inflammations, post-operative infections, puerperal fever cases, and pseudo-membranous anginas, mixed infection, which latter had not been influenced by the antitoxin of diphtheria. In some cases the results have been most excellent, in others it has been impossible to judge the action of the serum, so that its efficacy must still be considered as being an open question.

NEW INTUBATION INSTRUMENTS DEvised BY DR.
PAUL FERROUD, OF LYONS, FRANCE, AND DR.
W. W. WETHERLA, OF CHICAGO, AND
SOME REMARKS ON BEHRING'S
ANTITOXIN.

Wetherla's (*Chicago Med. Rec.*, 1895, ix, 290) objections to O'Dwyer's instruments are that they are complicated, difficult to disinfect, soon become loose and rickety, are expensive, and the operator does not have complete control over the tube during insertion. He thinks Ferroud's instruments overcome these objections.

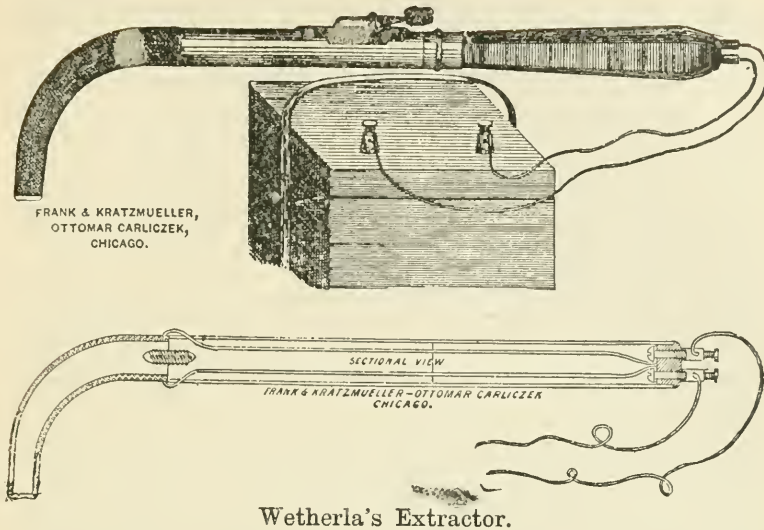
The length of the instrument is, handle 23 cm., jaws or blades 4 cm., these being set at a right angle to the handle or shaft. The blades are long and slender and somewhat pointed, being roughened or transversely furrowed on the anterior and



Ferroud's In and Extubator.

posterior surfaces, which are intended to come in contact with the walls of the tube. They penetrate deeply into the tube without completely filling its lumen. By pressing firmly upon the lever with the thumb, the blades are separated and brought into intimate contact with the walls of the tube, holding it firmly in position for introduction or extraction.

The tubes invented and used by Dr. Ferroud are of the general shape of O'Dwyer's, with some few changes, and are without an obturator. They are funnel shaped at the upper opening, in order that the blades of the forceps may more readily be made to enter the tube. The lower extremity is beveled on the flat surface which corresponds to the left index finger in the patient's mouth, and is cut at an angle of 45° , thus rendering it more easy for the tube to penetrate the larynx. The lower end of the tube is not sharp like a wedge, but is well rounded off, and is blunt rather than sharp. It presents no sharp cutting edges to injure the tissues.



This is an electro-magnetic extractor. It is used only for extracting, and only tubes of iron can be removed with it. The tubes should be made of soft wrought iron, which is the best conductor of the magnetic lines; in other words, soft pure iron possesses the greatest magnetic permeability. If the tubes be made from cast iron or steel, which are of inferior permeability, they will have to be subjected to a higher magnetizing force than would be necessary if soft iron of higher permeability had been selected. Steel retains its magnetism longer than soft iron, but it is not susceptible of such a high degree of saturation as soft wrought iron.

The objections to this extractor is the source of power and the inconvenience of carrying to the patients' house a battery weighing twenty-five pounds; the advantages are the facility with which the tube can be removed and the impossibility of doing damage to the larynx by abortive attempts at removal.

SOME PATHOLOGICAL CHANGES PRODUCED BY THE INJECTION OF SERUM.

William Vissman (*N. Y. Polycl.*, 1895, vi, 336) injected anti-toxin under the skin of rabbits and obtained the following results:

At the site of injection was a nodule which extended over a radius of about an inch from the point where the needle had entered. The nodule was slightly painful on pressure, but the general condition of the animal was good as far as could be observed. (Temperature was not taken.) At the end of the sec-

ond day the nodule began to grow smaller and was scarcely perceptible on the animals killed the seventh day after the injections.

On cutting through the nodules the sub-cutaneous tissue was found to be impregnated with a straw-colored serous fluid containing very few leucocytes. This fluid was always found to be sterile. As time elapsed the edema grew less marked.

As the object of the investigations was to determine the action of antitoxin upon the kidneys, little attention was paid to other organs, more than to note that the spleen and liver were slightly swollen and redder than normal.

The kidneys of the animals killed twenty-four hours after the injection were very firm and of a dark red color. On the cut surface the cortical substance was very much injected, slightly opaque, and a little more prominent than the medullary substance, which was pale in color.

On microscopic examinations of fresh sections in 0.6 per cent. salt solution the malpighian bodies and capillaries of the cortex were found to be distended with blood. The epithelial cells of the tubules were filled with refractive granules, obscuring the nuclei, which were only brought to view upon the addition of dilute acetic acid. There were no casts found in the tubules. These conditions were found in all of the animals, and, as the time after the administration of the antitoxin increased, the injection of the blood vessels decreased and the cloudy swelling became more prominent.

Those animals which had received more than one dose had slight hemorrhages into the tubes. Fat metamorphosis of the epithelium was not observed in a single instance. The doses administered to the rabbits were about equal to or a trifle less, proportionately, than the doses administered to children in cases of diphtheria. He concludes that, since the injection of serum into rabbits produces a cloudy swelling of the kidneys, or an acute nephritis, if all of those persons having virulent diphtheria bacilli in their fauces were treated with antitoxin, many would be injured for an uncertain benefit to a very few. After the disease has made such progress that it can be diagnosed, the toxin has produced such an effect upon the organisms that, judging from the experiments of Behring, Park and others, little benefit is to be expected from the antitoxin. And since observing the results of experiments on rabbits just reported, it is highly probable that instead of reducing the mortality of diphtheria, antitoxin has really increased the death rate.

A CASE OF TRAUMATIC TETANUS TREATED WITH TETANUS ANTITOXIN. RECOVERY.

The patient was a boy, six years and a half old, and the case is reported by Dr. Wray Grayson (*Pittsburg M. Rev.*, 1895, ix,

303). His foot was injured by stepping on a wire nail, while playing in the neighborhood of a stable. Seven days later, several days after the wound seemed perfectly healed, he became irritable and did not want to eat. The next day there was some stiffness of the jaws and muscles of the back of the neck, and an unnatural expression of the face. At the same time the small toes of the wounded foot were drawn under and gave some discomfort. Sleep became broken, and he would laugh and cry without apparent cause. On the twelfth day trismus was well marked, his jaws being pretty firmly closed. His injured foot became much and permanently extended; he could not bring the heel to the floor, and complained of pain when any attempt was made to do so. He did not seem to have proper control of himself, but would fall easily when attempting to walk. Four days after the illness began he remained in bed all day, was restless, and complained of feeling sick. The next day there was no improvement in the general condition, but the trismus was not so marked. During the previous night, he would start from sleep with a scream, caused by biting the tongue from spasmodic closure of the jaws; the tongue was wounded and bleeding; a tendency to priapism was also noticed, and this continued to be a troublesome complication throughout the course of the disease.

July 11th, thirteen days after the injury, the patient was restless and irritable; pulse 115, temperature 100.5°. He complained of pain in the back of the neck and stiffness of the jaws. Could not bring his head forward, and the attempt to do so gave pain. Had epigastric pain and some difficulty in swallowing. Right foot in extreme tension (in the position of talipes equinus). Can open the mouth an inch or more, but it gives some pain to do so. Tongue gored and wounded in several places. The following was prescribed:

R	Chloral	grs. LXXii
	Potassii bromidi . .	ʒiv
	Aquæ	ʒfiii
M	Sig. A teaspoonful every three hours.	

The official "compound cathartic pill" was given as a purgative. All diet was liquid, and perfect seclusion was enjoined. The chloral and bromide mixture was continued throughout the treatment.

The patient did not improve, but rather grew worse, so that on July 16th it became necessary to use chloroform to relieve the paroxysms. The next day 10 c. cm. of Gibier's Tetanus Antitoxic Serum was injected into the left buttock, the next day another dose of 10 c. cm. was given, and on each of the next three days 5 c. cm. was given. The paroxysms grew less severe after the first injection, and the patient made a rapid and uneventful recovery.

On July 28th, nine days after the first injection, a papular

eruption appeared on the face and arms, which spread over the entire body, but it soon disappeared and caused no inconvenience except itching.

The case reported may not, by some, be looked upon as a typical case of tetanus, and yet the nature of the injury, with the subsequent clinical history, affords fair proof of a correct diagnosis. It is highly probable that the use of the antitoxin, not only had a beneficial effect, but that it had much to do with bringing about a favorable issue. The effect of the chloral and the bromide in allaying restlessness and procuring sleep, was very apparent, and the influence of the chloroform in relieving the pain connected with the frequent spasmodic seizures was undoubted, but there seemed to be no permanent benefit, until after the use of the antitoxin had been instituted. There was a very decided change for the better after the second injection. All injections were made well into the tissue of the left natis, and on account of the patient's restlessness, he was put moderately under chloroform before each operation. There was almost no local irritation and never any evidence of suppuration. The syringe was of Berlin make and designed for serum injection. Syringe and needles were made aseptic before each introduction of antitoxin.

TWO CASES OF RAYNAUD'S DISEASE.

McCall Anderson (*Glasgow M. J.*, 1875, xlv, 416) reports two cases, both children—a girl 8 years old and a boy 5 years old.

The girl entered the hospital with a history of periodic swelling and discoloration of the hands for four years, and of the feet for four months; the boy entered with a history of intermittent discoloration of the ears, the feet and the hands for two years.

In neither case was the previous history or the family history of any importance. The treatment did not give very satisfactory results. It consisted of general tonics, cod liver oil, extract of malt, thyroid feeding, nitro-glycerine and electricity. The continuous current (20 Leclanché cells) was applied daily, the positive pole over the spine and the hands or feet placed in salt water along with the negative pole.

In the first case an attack was carefully noted as follows:

"Both hands are red and swollen, and the finger tips are purple—*local asphyxia*. The discoloration fades away to the normal about 2 inches above the wrists. The toes are affected in a lighter degree. Pressure on the palm or dorsum causes blanching, which persists for an abnormally long time. The hands and feet are very distinctly cold compared with other parts, and feel boggy to the examining finger. No other parts but the hands and toes are affected at present. The patient who is of a distinctly heroic temperament when pain is concerned, will not

admit that there is any pain in the parts, but only numbness, coldness and tingling. Elevation of the arms and rubbing the fingers have no effect on the condition. *Local syncope* has never been noticed between the attacks. Some thickening of all the tissues, however, persists. Sensation appears to be practically normal."

Certain negative points, if they may be so called, require enumeration:—1. There is no irritability of temper. She is the best child in the ward, and particularly amiable in disposition. 2. The heart is apparently normal. Pulse 80. 3. Urine is normal; no albumin, sugar, or abnormal blood derivatives. 4. Temperature is normal. 5. There is no alteration visible in the blood corpuscles, and the percentage of hemoglobin is normal. 6. There is no constriction of the retinal arteries such as has been described. 7. As mentioned previously, the general health is excellent.

EXCESSIVE MASTURBATION IN A GIRL OF SEVEN YEARS.

Lanphear reports (*Alienist and Neurologist*, 1895, xvi, 460) a case of masturbation in a female seven years of age. She was of good family without neurotic taint.

When three years of age she was found producing friction of the vagina with her index and middle fingers, and upon being watched was found to be in the habit of masturbating two or three times each night. At this time she was examined by a physician and no abnormal condition of the genitals found except a slight hyperemia. Under proper treatment she seemed to be cured, becoming a plump, bright, exceedingly intelligent child. She was sent to school at the age of six. Soon numerous reports came in that she was having intercourse daily with a number of boys, ranging from ten to fifteen years of age, and upon investigation this was found to be true. She was withdrawn from school and kept from the companionship of boys, but occasionally would escape from home and invariably be caught under some back stairs or in an alley enjoying herself in the sexual act with some playmate. She was then confined strictly to the house and was directly caught masturbating; in this practice she kept getting worse in spite of almost constant watching; the moment her mother's or sister's gaze would be directed elsewhere her hands would go under her clothing and the excitation begun. At last she became so bad that unless her hands were tied she would attempt to masturbate regardless of who might see her. At this time (when her hands were tied) she would sit for hours gazing into vacancy; mentally she appeared dull and stupid, paying no attention whatever to books or playthings, never engaging in conversation—briefly answering "yes" or "no" to inquiries or disdaining to answer if she felt so inclined; she lost flesh rapidly, became pallid with dark

circles around the eyes; she ate little, preferring to sit at table and secretly titillate the clitoris and vagina until repeated orgasms were produced and she would become limp and listless; but her sleep was good.

The mons veneris and clitoris was exceedingly large—as large as in a fully developed woman; the vagina and hymen somewhat congested; the hymen greatly stretched. No pathological condition of the rectum or of the genitals could be detected. The irritation was therefore thought to be of central origin.

She was advised to go to the country for the summer, with constant out-door life and a vigilant, pleasant companion who would prevent her masturbating during the day, using the straps at night until she could be trusted without; with moral suasion, and the internal use of

R Potassi bromidi ʒss
Extracti salicis nigrae fluidi
Mucilag. acaciae aa ʒij

Misce. Sig. Teaspoonful after meals and at bedtime. With this, good, rich food and enough exercise daily to make her tired.

The fluid extract of "pussy willow" was prescribed because with some patients it acts as a most powerful sexual sedative.

She could not be hypnotized. She took the mixture for two months. She was looking much better, was quite bright intellectually and said she believed she could control her inclinations if not watched—in fact she asserted that she did not wish to masturbate any more, and she seemed really anxious to get well. The following prescriptions were advised:

R Sodii bromidi 5v
Tinct. hyoseyami ʒi
Elix. simplicis ʒii
Misce. Sig. Teaspoonful after each meal.

R Quininae sulphat ʒii
Camphoræ monobrom ʒss
Ferri sulphat. exsicc ʒi
Misce et ft. capsul No. XL. Sig. One capsule one hour after each meal.

The iron was given on account of the anemic condition. After two bottles of the mixture were taken the compound syrup of hypophosphites was substituted and the capsules were continued.

She improved rapidly, so that in the autumn, she was placed in a convent to pursue her studies. At Christmas time she was reported as in excellent condition, but since that date no details have been obtainable. The prognosis in such a case is an interesting, but unanswerable question.

Physiognomists claim that there are two or three well defined varieties of the bicycle face, anxiety and despair being clearly shown.—*Popular Sc. News*, 1895, xxix, 125.

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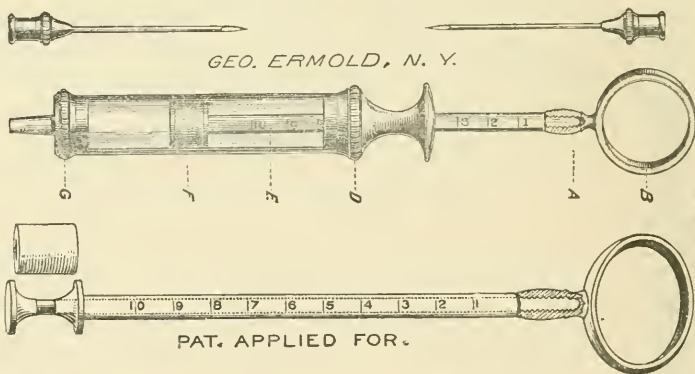
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